

Clinical Image

Corneal Perforation Secondary to Rheumatoid Arthritis

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We present the case of a 52-year-old woman with a history of rheumatoid arthritis who was admitted with a painful red eye, progressive visual loss, and purulent discharge refractory to initial topical antibiotic therapy.

On examination, the right eye demonstrated a visual acuity of 3/10, mucopurulent conjunctival secretions, diffuse conjunctival hyperemia, and a perilimbal corneal perforation at 3 o'clock (Figure 1) with edematous, infiltrated margins and iris prolapse. The anterior chamber was flat, the pupil was displaced toward the site of perforation, and an early cortical cataract was observed.

The patient was hospitalized for urgent surgical management. Intraoperatively, a corneal scraping was obtained for bacteriological and mycological analysis. The anterior chamber was reconstituted with viscoelastic; the prolapsed iris was repositioned through a paracentesis, and the corneal perforation was sealed using a Tenon's patch graft owing to the unavailability of amniotic membrane. Postoperatively, the patient received fortified topical antibiotics and antifungal therapy (vancomycin, ceftazidime, and voriconazole). She was subsequently scheduled for emergency therapeutic keratoplasty.



Figure 1: Slit-lamp image showing a temporal corneal perforation with iris prolapse through the defect.